

POC accepted 3/11/10 B. Doonan

PRINTED: 02/08/2010
FORM APPROVE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS146S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/14/2010
NAME OF PROVIDER OR SUPPLIER ST JOSEPH TRANSITIONAL REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W. CHARLESTON BLVD. LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on January 14, 2010, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00020988 was substantiated in part with no deficiencies cited. Complaint #NV00023344 was unsubstantiated. Complaint #NV00023997 was substantiated with deficiencies cited. (See Tag Z242)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000			
Z242 SS=D	<p>NAC 449.74471 Administration of Drugs</p> <p>3. A facility for skilled nursing shall ensure that patients are not subjected to significant errors in their medication and that the rate of error in the administration of medication is less than 5 percent.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview the facility</p>	Z242			

RECEIVED

FEB 23 2010

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TY1P11

TITLE -
Adm

(X6) DATE
2-14-10

If continuation sheet 1

Bureau of Health Care Quality and Compliance

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Z242	Continued From page 1 failed to ensure a resident received the correct medication in the evening of 12/18/09. (Resident #4) Severity: 2 Scope: 1	Z242	Z242 1) The nurse responsible for the Med. Error was interviewed and counseled On how the medication error occurred. The conclusion was that the nurse Was erroneous in checking the five Rights on medication administration. The Spectrum Pharmacy quality Assurance nurse observed a medication Pass administered by the nurse to Ensure safe passing of medications. The nurses error was due to not correctly Checking the Identification of the Resident. No adverse outcome with Resident. The spouse of patient took Patient out of facility AMA to be Admitted to Nellis AFB Hospital The nurse responsible for the Medication error was on a 30 day Review to ensure accuracy of her Medication administration process. The Medicaion administration Process will continue to be monitored By the Pharmacy Q.A. Nurse, D.O.N. Asst. D.O.N. and D.S.D.	02-16-1

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